2702

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02679

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Meadowridge Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge X
STREET ADDRESS (If rural give location): Meadowridge Ave.

3. NAME OF DECEASED: (First) HORACE (Middle) BLACKSTONE (Last)

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	5-11-1888	65 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Day work	Maryland	

13. FATHER'S NAME: Horace Blackstone

14. MOTHER'S MAIDEN NAME: Ella Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	?	Anita Blackstone, Elkridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

421.4
Immediate cause (a) Cardio Valvular Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with Dropsy
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1954 to March 19 54, that I last saw the deceased alive on Feb 28, 1954 and that death occurred at 9 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos Woodridge M D — ADDRESS: Box 212 Elkridge 27 Md — DATE SIGNED: March 22 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-22-54	Blackstone	Elkridge, Md

DATE REC'D BY LOCAL REGISTRAR: March 24, 1954 — REGISTRAR'S SIGNATURE: (Miss) E. Bird Wilkes

24. FUNERAL DIRECTOR — ADDRESS: F.C. Higinbothom, Ellicott City, Md.

RECEIVED
MAR 22 1954
BUREAU V. S.

2703

02680

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City X; LENGTH OF STAY (In this place): 45 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 55 Columbia Road X	STREET ADDRESS (If rural, give location): 55 Columbia Road

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
(First) Charles (Middle) E. (Last) Boone	3 26 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 29, 1878	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist	Retail Flowers	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Boone	Mary Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Bertha A. Boone 55 Columbia Road Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
974X Immediate cause (a) Strangulation	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive	4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Ellicott City	Howard	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work X	HOW DID INJURY OCCUR?
3 26 1954 6 A m.		deceased hanged self in basement of his home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Burgdorf	M.D.	Ellicott City	3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 29, 1954	St. John's Cemetery	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 29, 1954	John B. Loughran. Pro. B. E. L.	Easton Sons, Ellicott City,	Md.

VS. A15A

RECEIVED
APR 1 1954
BUREAU V. S.

2704

02681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockburn, Elkridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockburn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockburn, Elkridge
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Morris (Last) Bowdoin
4. DATE OF DEATH (Month) Mch (Day) 11 (Year) 1954
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 20, 1962
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Rockburn Elkridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis Kay Murray U.S.N.
14. MOTHER'S MAIDEN NAME Anna Willing Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Howard Bruce Baltimore, Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Apoplexy c̄ left Hemiplegia 7 da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardetis c̄ Decompensation 6 mo

(c) Arterial Hypertension 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 4, 1954, to Mch 11 1954 that I last saw the deceased alive on Mch 11, 1954, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr B B Brumbaugh 5609 Main St Elkridge 27 Md 3/11/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 13 1954
NAME OF CEMETERY OR CREMATORY Grace Church
LOCATION (City, town, or county) Elkridge Md (State)
DATE REC'D BY LOCAL REG. March 12, 1954
REGISTRAR'S SIGNATURE (Miss) E. Bird Williams
24. FUNERAL DIRECTOR Henry W Jenkins Sons Co 4905 York Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1954
BUREAU V. S.

2705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02682

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadowridge Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge X
STREET ADDRESS (If rural give location) Meadowridge Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) John Henry Chambers

4. DATE OF DEATH: (Month) (Day) (Year) March 27 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2-14-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Labor work

11. BIRTHPLACE (State or foreign country): Elkridge, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Chambers

14. MOTHER'S MAIDEN NAME: Henrietta Collins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mary Blackstone, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.4 (a) Cardiac Valvular Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1954, to Mar 27, 1954, that I last saw the deceased alive on Mar 27 1954 and that death occurred at 3 00 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred J. Woolridge MD ADDRESS K4 Box 212 DATE SIGNED Elkridge Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-31-1954 NAME OF CEMETERY OR CREMATORY St. Stephens LOCATION (City, town, or county) (State) Elkridge, Md.

DATE REC'D BY LOCAL REGISTRAR March 30, 1954 REGISTRAR'S SIGNATURE (Miss) E. Bird Williams

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1954
BUREAU V. S.

2706

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02683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH · COUNTY Howard County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Wash. + Balto. Blvd COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto.-Wash Blvd	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Audrey (Middle) Ellen (Last) Stone Dennis

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1954

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH April 16 1934 | 9. AGE last birthday 19 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Aetna Ins. Co | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Wash. D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Stone | 14. MOTHER'S MAIDEN NAME Elizabeth Orme

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 577-44-3760 | 17. INFORMANT AND ADDRESS Mrs. Elizabeth Stone.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

650 D Immediate cause (a) Pulmonary Embolism — 2-3 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uterine pregnancy (6) no duration

(c) Spontaneous Abortion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelitis Rt Kidney

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953 to March 21, 1954, that I last saw the deceased alive on 21 March, 1954, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE Robert A. Wingfield (Degree or title) M.D. ADDRESS 402 Main St. Laurel Md. DATE SIGNED 21 March 54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF March-25-54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3/24/54 | REGISTRAR'S SIGNATURE Frank Shipley | 24. FUNERAL DIRECTOR James T. Ryan | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

2707

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02684

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Howard. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkridge | LENGTH OF STAY (in this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 250 Washington Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) Box 256 Washington Blvd

3. NAME OF DECEASED: (Type or Print) (First) Edie (Middle) M. (Last) Johnson

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 2 1896.

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housework.

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Elkridge Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James E Cooper

14. MOTHER'S MAIDEN NAME: Minnie Mackey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: —

17. INFORMANT & ADDRESS: Mildred Wyvern, Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X
(a) Hypertensive Arteria Sclerotica
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardio Vascular Disease
DUE TO
(c) Cardiac Hypertrophy Pulmonal Edema

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31/19 — to 3/28, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 3:31 PM, from the causes and on the date stated above.

SIGNATURE John E Tracy M.D. (Degree or title) ADDRESS Ellicott City, Md. DATE SIGNED 3/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/31/54 | NAME OF CEMETERY OR CREMATORY Augustine Cem. | LOCATION (City, town, or county) Elkridge Md. (State)

DATE REC'D BY LOCAL REGISTRAR 3-29-54 | REGISTRAR'S SIGNATURE Dan Hardesty

24. FUNERAL DIRECTOR John Howard Dorsey | ADDRESS 901 Edmondson Ave Baltimore

2708

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

026[illegible]

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage X; LENGTH OF STAY (in this place) 59 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) May (Last) Keeney

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 4 1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): matron

10b. KIND OF BUSINESS OR INDUSTRY: District Training School

11. BIRTHPLACE (State or foreign country): Savage Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lorenzo Pickett

14. MOTHER'S MAIDEN NAME: Belle Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Burdette Phelps, Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vas. Disease — 3 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Mar. 15th 1954, that I last saw the deceased alive on Mar. 14 19 54 and that death occurred at 12 05 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 3/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 17 1954 — NAME OF CEMETERY OR CREMATORY George Cemetery — LOCATION (City, town, or county) Savage, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/16/54 — REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR Ide Keith Donaldson — ADDRESS Laurel, Md

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MAR
BUREAU V. S.

2709

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02686

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mayfield

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Mayfield

3. NAME OF DECEASED: (Type or Print) (First) ESTHER (Middle) LEIBOLDT (Last)

4. DATE OF DEATH: (Month) 3-1-54 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-19-1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): A Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): York, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert A. Simmons

14. MOTHER'S MAIDEN NAME: Lottie Schlusser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-14-0813

17. INFORMANT & ADDRESS: Mrs. J.V. Carroll, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion. — Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Cardio-Vascular Disease — 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to March 1, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE William F. Jasaney — (Degree or title) M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-4-54 — NAME OF CEMETERY OR CREMATORY Good Shepherd — LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REGISTRAR 3/2/54 — REGISTRAR'S SIGNATURE Alice M. Hebb

24. FUNERAL DIRECTOR — ADDRESS F.C. Higinbothom, Ellicott City, Md.

VS. A15

RECEIVED
MAR. 5 1954
BUREAU V. S.

2719

02687

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City X — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ellicott City X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Convalescant Retreat Montgomery Rd. 60	STREET ADDRESS (If rural, give location) Montgomery Rd.

3. NAME OF DECEASED (Type or Print)	(First) KITTY	(Middle) ROSE ADELAIDE	(Last) TREGOE	4. DATE OF DEATH	(Month) Mar. 27, (Day) (Year) 1954
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 20, 1873	9. AGE last birthday 80 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Taylor		14. MOTHER'S MAIDEN NAME Kitty Walker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT AND ADDRESS Mr. Henry B. Tregoe - Ellicott City R.F.D #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196 X

Immediate cause (a) Sarcoma of skull with voltastices — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1954, to March 27, 1954, that I last saw the deceased alive on March 27, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ben A. Kochman, M.D. — ADDRESS 1037 N. Calvert St — DATE SIGNED 3/27/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/30/54	NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 3-29-54	REGISTRAR'S SIGNATURE [illegible] Hedrick	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Street is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2711

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 02688

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correction or erasure is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City X
LENGTH OF STAY (in this place): 22 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Schaffers Convalescent Retreat Montgomery Road 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3401-4
STREET ADDRESS (If rural give location): 2851 W. Lafayette Ave.,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ELLA	A.	UPPERCUE.	3	12	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
f.	white	married	Aug. 28, 1876	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House-wife	--	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Simon Bish	Angeline Meyers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		J. Edward Uppercue 3510 Cedardale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: (a) Hypertensive Cardio Vascular Disease — 12 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO: (b)
DUE TO: (c)

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1952, to 3/12, 1954, that I last saw the deceased alive on 3/12, 1954, and that death occurred at 11 50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Burgdorf M.D. ADDRESS: Ellicott City, Md. DATE SIGNED: 3/12/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-16-1954	Lorraine Park	Woodlawn Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3-15-54		G. Howard Strong 3207 W. North Ave.,

VS. A15